

Physician Certification and Attestation Form

for ACA Section 1202 Rates for Physicians

Who Provide Primary Care Services

SECTION I: Instructions

For calendar years 2013 and 2014, Section 1202 of the federal Affordable Care Act requires Medicaid agencies to provide payment for certain primary care services delivered by eligible physicians consistent with rules set forth in 42 CFR Part 447, Subpart G (Section 1202 rates) and 101 CMR 317.

If you are a physician and would like to be eligible for Section 1202 Rates, please complete the information in Sections II and IV, sign and return completed forms by fax to 617-988-8974, email to providersupport@mahealth.net or mail to MassHealth Customer Service (CST) by mail at: MassHealth Customer Service, Attn: Provider Enrollment, PO Box 9162, Canton MA 02021.

Only completed forms will be accepted. Questions about this form can be addressed to CST. All information is subject to audit.

Note: You may view your Section 1202 eligibility in your physician profile online at the MassHealth Provider Online Service Center (POSC) at <https://newmmis-portal.ehs.state.ma.us/EHSPortals/appmanager/provider/desktop>.

SECTION II: Physician Information

NAME		BUSINESS NAME (If applicable)	
STREET ADDRESS		CITY	STATE ZIP CODE
BUSINESS TELEPHONE NO.	BUSINESS FAX NO.	BUSINESS E-MAIL ADDRESS	
CONTACT NAME	CONTACT PHONE NUMBER	CONTACT E-MAIL ADDRESS	
MASSHEALTH PROVIDER ID	INDIVIDUAL PROVIDER NPI	INDIVIDUAL SSN	

Are you enrolled in the MassHealth Primary Care Clinician Program? ☐ Yes ☐ No

Are you currently enrolled with a MassHealth-contracted managed care entity? ☐ Yes ☐ No

If yes, please provide the name of each managed care entity with which you contract and your health plan provider number under that managed care entity. _____

SECTION III: Information

In order to be eligible for the Section 1202 Rates, a physician must satisfy both of the following requirements:

- (1) A physician must self-attest that he or she practices in family medicine, general internal medicine, or pediatric medicine or a related subspecialty recognized by the American Board of Medical Specialties (ABMS)*, the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); and
- (2) such physician must also self-attest that:
 - (a) he or she is board certified in a qualified specialty or subspecialty; or
 - (b) for the most recently completed calendar year, at least 60% of the Medicaid codes for which the physician had been paid were for the services eligible for the Section 1202 Rates. (Newly eligible physicians must self-attest based on the Medicaid codes paid during the prior month.)

* Note that ABMS recognizes certification in Allergy & Immunology with the American Board of Allergy & Immunology (ABAI) as an eligible subspecialty.

The following billing codes are eligible for the Section 1202 Rates.

- E&M codes 99201-99499.
- Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, 90473, 90474, or their successor codes.

For more guidance about the 1202 rates for codes covered by MassHealth, see *Administrative Bulletin* 13-06 and Subchapter 6 of your *Physician Manual*.

Please also see 101 CMR 317.00 and *All Provider Bulletins* 230 and 235 for additional guidance on Section 1202.

SECTION IV: Attestation

By completing this Section IV, you are providing the self-attestation referenced in Section III of this form.

Part 1

Complete this Section IV, Part 1 if you are practicing in family medicine, general internal medicine, pediatric medicine, or a related subspecialty, and are attesting that you are certified by the ABMS, ABPS, or AOA in one of the following specialties/subspecialties.

A. Practice Area

Check the box of your practice area(s): ☐ family medicine ☐ general internal medicine ☐ pediatric medicine

If you practice in a related subspecialty, please check the box of the related specialty.

B. Board Certification

Check the box for specialties in which you have board certification:

☐ family medicine ☐ general internal medicine ☐ pediatric medicine

or list any subspecialties under family medicine, general internal medicine, or pediatric medicine in which you have board certification:

Check the box for the certifying board: ☐ ABMS* ☐ ABPS ☐ AOA

Provide the date of such certifications: ____ / ____ / ____

* ABMS recognizes certification in the Allergy & Immunology with ABAI as an eligible subspecialty. If you have this subspecialty, please indicate that on the subspecialty line above.

Part 2

Complete this Section IV, Part 2 only if you are attesting that you are practicing in family medicine, general internal medicine, pediatric medicine, or a related subspecialty; you do not have a certification from the ABMS, AOA, or ABPS; and at least 60% of your total Medicaid claims paid are for evaluation and management (E&M) services and vaccine-administration codes (see Section III).

A. Practice Area

Check the box of your practice area(s): ☐ family medicine ☐ general internal medicine ☐ pediatric medicine

If you practice in a related subspecialty, please check the box of the related specialty.

B. 60% Paid Claims

Physicians (those that have a full previous calendar year of paid Medicaid claims)

☐ I attest that at least 60% of my total Medicaid claims paid for the previous calendar year were for the E&M and vaccine-administration codes as published in the final federal regulation implementing Section 1202 of the Affordable Care Act and meet the requirements to receive the Section 1202 Rates.

New Physicians only (those that do not have a full previous calendar year of paid Medicaid claims)

☐ I attest that at least 60% of my total Medicaid claims paid during the previous month are for qualified E&M and vaccine-administration codes as published in the final federal regulation implementing Section 1202 of the Affordable Care Act, and meet the requirements to receive the Section 1202 Rates.

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Printed legal name of physician

Physician's signature (Signature and date stamps, or the signature of anyone other than the provider, is not acceptable) | Date